Send completed application to: ADSA/TCDU

P.O. Box 45600, Mail Stop 45600

NAME (Last, First, and Middle Initial)

Olympia, WA 98504 Phone: 360-725-2548 FAX :360-725-2646

DEMENTIA SPECIALTY TRAINING INSTRUCTOR APPLICATION FOR INDEPENDENT TRAINERS (Revised 10/02)

EMAIL ADDRESS:

MAILING ADDR	AILING ADDRESS (Include apartment number, if any)					НС	ME TELEP	HONE (ir	nclude	area code))
CYTTS /	COLDATA		CTT A TTTC		TD	WIG	DIZ (OD MI	700 A O.E.\	TOT D	DUONE	
CITY	COUNTY		STATE	Z	IIP	WC	ORK (OR ME	ESSAGE)	TELE	PHONE	
PHONE NUMBE	R FOR STUDENT REGISTRATION	ON:				FA	X:				
AGE: (Must be 21	or older)										
Manager Demen	es are you applying to atia, Caregiver Dementia [
If you have a hea	alth care or social services lice	Profess ense or certification				what kin	d of licens	se or cert	tificat	ion is itr	>
What is the licen Is your profession	se number? What is the conal license or certification en	he expiration date? cumbered or otherv	wise limi	ted o	due to dis	sciplinary	or other a	actions?	Yes	□ No	
If yes, describe.											
IMPORTAN'	IONS: Below, list experience I. Be careful to give complete ely related subjects. Attach of er	te information. The additional sheets if t	WAC.	s req	uire doci			•	Empl	ig adults	one Number
									()	-
Your Title		Dates Employed in From: To:			l Months		Dates T From:	eaching i		position To:	
Immediate Super	rvisor's Name	May we contact emp							months		
Describe teachin	g experience below										
Kind of teaching (CE, in-service, seminars, classroom, college, etc.)	Subject taught (If you taught the same subject r combine them on one line)	repeatedly, please	Averaş class s	_	From (date)	To (Date)	Average hrs per month	Total months teachin this subject	s ng	Total hours	Included competenc testing? Yes/No

2.	Employer		Employer's Address				Employer's Phone Number (include area code):							
Your 7	Title		Dates Employed in this pos		sition			Dates Teaching in		in thi	n this position			
			From: To:					To:						
Immed	liate Superv	isor's Name	May we contact em	ployer for	r referei	nce? Yes/N	О	Grand total hours teaching for all mont			onths			
Descri	be teaching	experience below												
Kind o	of ng (CE, rice, urs, nom,	Subject taught (If you taught the same subject repeatedly, please combine them on one line)		Average class size		From (date)	To (Date)	Average hrs per month	Total montl teachi this subject	ng	Total hours	Included competency testing? Yes/No		
3.	Employer				er's Ado	dress		Employer's Phone Number (include area code): () -						
Your 7	Title	Dates Employed in			*				Dates Teaching in this position					
		From: To:			Total Months			From: To:						
Immed	liate Superv	pervisor's Name May we contact emp				nployer for reference? Yes/No Grand to					otal hours teaching for all months			
		experience below		,		1	1				1			
Kind of teachin in-serv semina classro college	ng (CE, rice, urs, oom,	Subject taught (If you taught the same subject repeatedly, please combine them on one line)			rage s size	From (date)	To (Date)	Average hrs per month	Total month teachi this subject	ng	Total hours	Included competency testing? Yes/No		
0	,													
4.	Employer			Employ	ror's Ada	dress				Em	ployer's Phop	e Number		
					Employer's Address				Employer's Phone Number (include area code): () -					
Your 7	Title	Dates Employed in t							Dates Teaching in this position					
		From: To:			Total Months				From: To:					
				mployer for reference? Yes/No Grand total h					otal hour	ours teaching for all months				
Descri Kind o		experience below		Δ ***	rage	From	То	Average	Total		Total	Included		
	ng (CE, rice, urs, oom,	Subject taught (If you taught the same subject repeatedly, please combine them on one line)			s size	(date)	(Date)	hrs per month	month teachi this subject	ng	hours	competency testing? Yes/No		
										_				

Part II. Work Experience

INSTRUCTIONS. Below, list your direct work experience with people who have dementia. Attach additional sheet(s), if needed. The WACs require two years full-time direct work experience (4160 hours) with people who have dementia. It may be baid or unbaid experience.

	Emp	Employer's Address Employer's Phone Nu (include area code):				
Months & Yea	rs Employe	ed In this Positio	on:		/	
From:		To:	Hrs/wk:	Total m	onths employed:	
May we contac	t employer	for reference? Y	/es/No	Total hours direct work experience		
	Eme	Nover's Address			Employer's Phone Number	
	Emp	noyer's riddress		(include area code):		
Months & Year	rs Employe		on:		/	
From:		To:	Hrs/wk:	Total m	onths employed:	
May we contac	t employer	for reference? Y	/es/No	Total ho	urs direct work experience	
Manda e Va				Employer's Phone Number (include area code): () -		
	rs Employe			Total months amployed:		
				Total months employed:		
May we contac	t employer	for reference? Y	Yes/No	Total hours direct work experience		
<u> </u>	Add	ress		Phone Number (include area code): () -		
		1 54 1 3			() -	
Dates working	with peop				-	
Dates working From:	with people	To:	: Hrs/wk:	Total m	onths:	
	with peop.				onths:	
	with peop.					
	with peop.					
	Months & Yea From: May we contact Months & Yea From: May we contact Months & Yea From: May we contact	Months & Years Employer From: May we contact employer Months & Years Employer May we contact employer Emp Months & Years Employer From: May we contact employer Months & Years Employer Emp Months & Years Employer May we contact employer	Employer's Address Months & Years Employed In this Position From: To: May we contact employer for reference? Years Employed In this Position From: To: May we contact employer for reference? Years Employed In this Position From: Employer's Address Employer's Address Employer's Address Employer's Address To: Months & Years Employed In this Position From: To: May we contact employer for reference? Years May we contact employer for reference? Years	Months & Years Employed In this Position: From: To: Hrs/wk: May we contact employer for reference? Yes/No Employer's Address Months & Years Employed In this Position: From: To: Hrs/wk: May we contact employer for reference? Yes/No Employer's Address Months & Years Employed In this Position: Employer's Address Months & Years Employed In this Position: From: To: Hrs/wk: May we contact employer for reference? Yes/No	Employer's Address Months & Years Employed In this Position: From: To: Hrs/wk: Total m May we contact employer for reference? Yes/No Total ho Employer's Address Months & Years Employed In this Position: From: To: Hrs/wk: Total m May we contact employer for reference? Yes/No Total ho Employer's Address Months & Years Employed In this Position: From: To: Hrs/wk: Total m May we contact employer for reference? Yes/No Total ho Months & Years Employed In this Position: From: To: Hrs/wk: Total m May we contact employer for reference? Yes/No Total ho	

Part III. Education

INSTRUCTIONS: Below, list post high school training, including college and other relevant education. If more space is needed, copy this blank form or attach additional sheets. The WAC requires a bachelor's degree, registered nurse, or mental health specialist, with at least one year of education on subjects directly related to the specialty area you want to teach.

The one year of education may be in seminars, conferences, continuing education, or college classes. One year of education equals 24 semester hours, 36-quarter hours, or 192 hours in seminars, conferences, or continuing education.

Bachelor's degree: Year: College or University: , City & State

Registered Nurse:

Mental Health Specialist: Attach verification

Training in college classes

School Name and Location	Month and Year Attended		Credits	Earned	List classes in specialty area
	•		Qtr.	Smstr.	
	From	То			
	From	То			
	From	То			
	From	То			
	From	То			

Training in seminars, conferences, and continuing education

Name of seminar, conference, or continuing education in specialty area	Month and Year Attended	Hours	Name of training sponsor

Part IV. Assessment and Testing Experience

1. If you did not list experience assessing skills and competency testing as part of your teaching experience, have you had other
experience, or training, in assessing skills and competency testing? Yes No
If yes, please describe your experience or training. Attach additional sheets if needed.

SIGN HERE: DATE:

DATE AND SIGN

TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application.